



Physician's Report on Disability

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

This form must be completed by a medical doctor. The following information is needed in connection with the patient's application for disability retirement benefits under the California Public Employees' Retirement Law.

Section 1

Please fill out completely and fully describe the nature and severity of impairment. Also, include copies of the patient's medical reports.

Member Information

Name of Member/Patient (First Name, Middle Initial, Last Name)	_____ Social Security Number
Position/Occupational Title	_____ Birthdate (mm/dd/yyyy)
_____ For Kaiser Patients, Medical Record Number	

Section 2

Please provide history of patient's illness/injury.

Patient and Member are the same person.

Member History

_____ Date of First Visit (mm/dd/yyyy)	_____ Date of Last Visit (mm/dd/yyyy)
_____ Date Present Illness/Injury Occurred (mm/dd/yyyy)	_____ Date Patient Unable to Work (mm/dd/yyyy)
Origin of Injury: <input type="checkbox"/> Work Related <input type="checkbox"/> Non-Work Related	
_____ Describe How Injury Occurred	

Section 3

Member Subjective Complaints

_____ Subjective Symptoms
_____ Subjective Symptoms

Section 4

Please provide history of patient's illness/injury.

Provide dates and findings of any X-rays, EKGs, laboratory or diagnostic testing performed.

Use additional sheets if necessary.

Diagnosis/Objective Findings

_____ Height	_____ Weight	_____ Blood Pressure
_____ Diagnosis 1		
_____ Objective Findings 1		
_____ Diagnosis 2		
_____ Objective Findings 2		
_____ Diagnosis 3		
_____ Objective Findings 3		
_____ Comments		

Section 5

Review the attached duty statement and physical requirements of the member's position prior to answering these questions.

Question 2

In the California Supreme Court decision *Nolan v. City of Anaheim*, Mr. Nolan sought disability retirement claiming threats and harassment by co-workers that rendered him incapacitated physically or mentally for the performance of his duties as an Anaheim police officer. The Court ruled that Nolan must show he is both incapacitated from performing his usual duties and the usual duties of a patrol officer for other public agencies in CalPERS. This criteria applies to all members requesting disability retirement.

Member Incapacity

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. In addition, the member must also be substantially incapacitated from performing the usual duties of the position for other California public agencies in CalPERS. (California public agencies in CalPERS include State, school and local public employers.) This "substantial incapacity" must be due to a medical condition of permanent or extended and uncertain duration. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. **Prophylactic restrictions are not a basis for a disability retirement.**

1. Is the member presently, substantially incapacitated from performance of the usual duties of the position for their current employer? ☐ Yes ☐ No

If yes, you must describe specific work activities that the member is unable to perform due to incapacity.

2. Is the member presently, substantially incapacitated from the performance of the usual duties of the position for other California public agencies in CalPERS? (Please see side note for further information)

☐ Yes ☐ No

Please explain.

3. Will incapacity be permanent? ☐ Yes ☐ No

If not, probable duration ☐ < 6 months ☐ 6 months – 1 year ☐ 1 – 2 years ☐ Other

4. What information did you review to make your medical opinion? Check all that apply.

☐ Job Description/Duty Statement ☐ Physical Requirements
☐ Information provided by member ☐ Other

Section 6

Member Mental Status

Is the member mentally able to handle financial affairs and enter into legally binding contracts?

☐ Yes ☐ No _____
Date of Onset (mm/dd/yyyy)

Is the member competent to endorse checks with the realization of nature and consequence of the act?

☐ Yes ☐ No _____
Date of Onset (mm/dd/yyyy)

Section 7

Physician's Signature

Mail completed report
directly to CalPERS.
Do not give to member.

All questions on this
form must be answered
or application will
be incomplete, which will
delay processing.

CalPERS has my permission to release a photocopy of report to member, upon written request.

☐ Yes ☐ No

Print Physician Name

Phone Number

Fax Number

Address

City

State

ZIP

Signature of Physician/Title

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796